

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005564

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 258 Registrar's No. 258

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rush Township		c. CITY OR TOWN Rushville, R.R. # 2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rushville, Mo. R.R. # 2		d. STREET ADDRESS (If outside, give location) Rural Route # 2	
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Raymond Betts		4. DATE OF DEATH Month Day Year 2 27 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Core Maker		10b. KIND OF BUSINESS OR INDUSTRY Foundry Industry	
13a. FATHER'S NAME Walter Betts		13b. MOTHER'S MAIDEN NAME Ada Harvey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Kenneth Betts, Atchison, Kansas		17. ADDRESS Regina Betts	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Myocarditis Chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 8 hrs. 4 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/13/53 to 2/27/62 and last saw her alive on 1/12/62 Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Chas. S. Brady, M.D.	
22b. ADDRESS Prof. Bldg. Atchison, Kansas		22c. DATE SIGNED 2/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-1-1962	23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	
23d. LOCATION (City, town, or county) Rushville, Missouri		23e. DATE RECD. BY LOCAL REG. Mar 2, 1962	
23f. FUNERAL DIRECTOR Sawin-Dyer Mortuary, Atchison, Kansas		23g. REGISTRAR'S SIGNATURE Mrs. Clark Cordell	

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. M. Dyer

Licensed Embalmer No.

4370

P. O. Address

Atchison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.